

AUSTIN STATE HOSPITAL

Brain Health System Redesign

Phase 1 Recommendations

+ Introduction to Phase 2

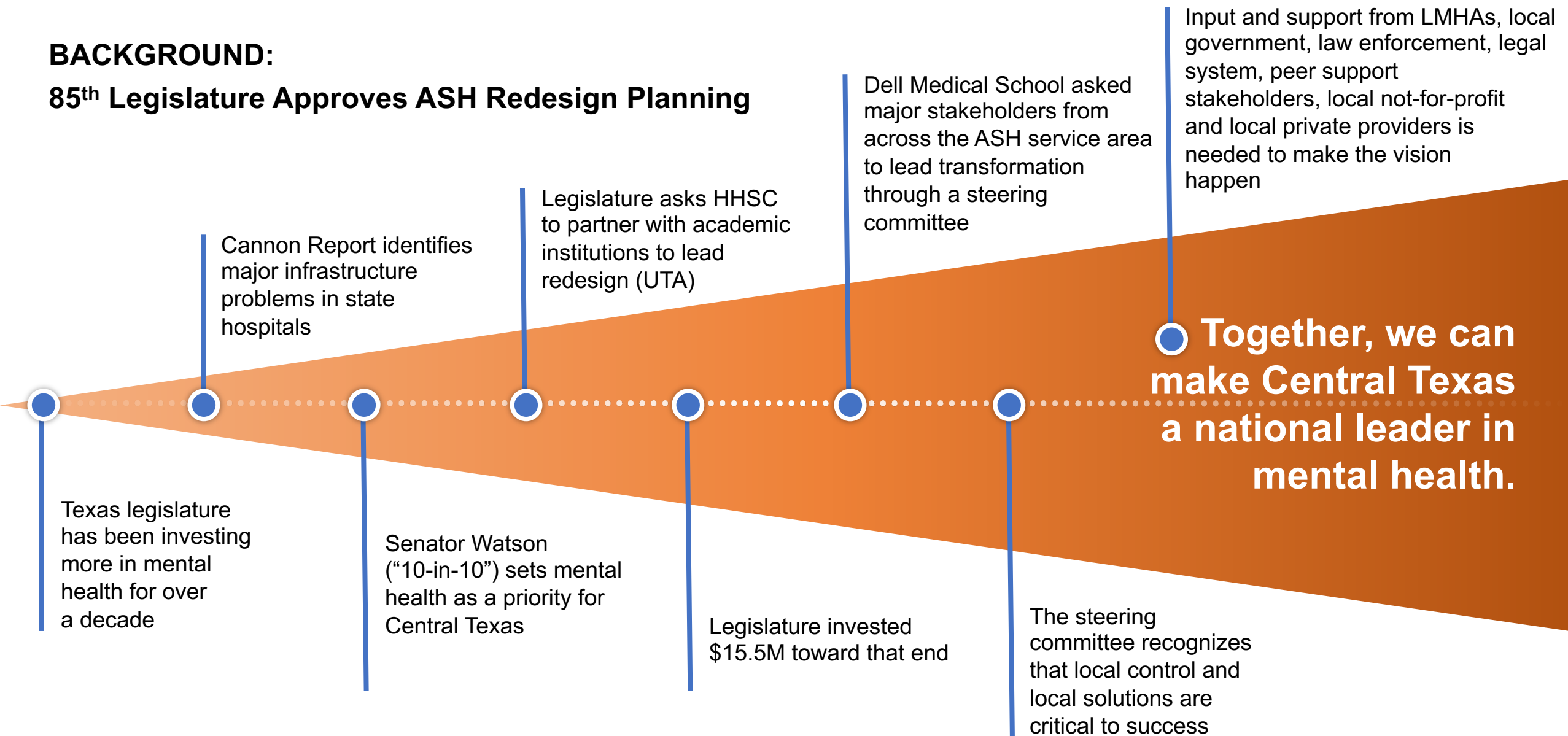
NAMI Austin Mind Matters

January 28, 2019

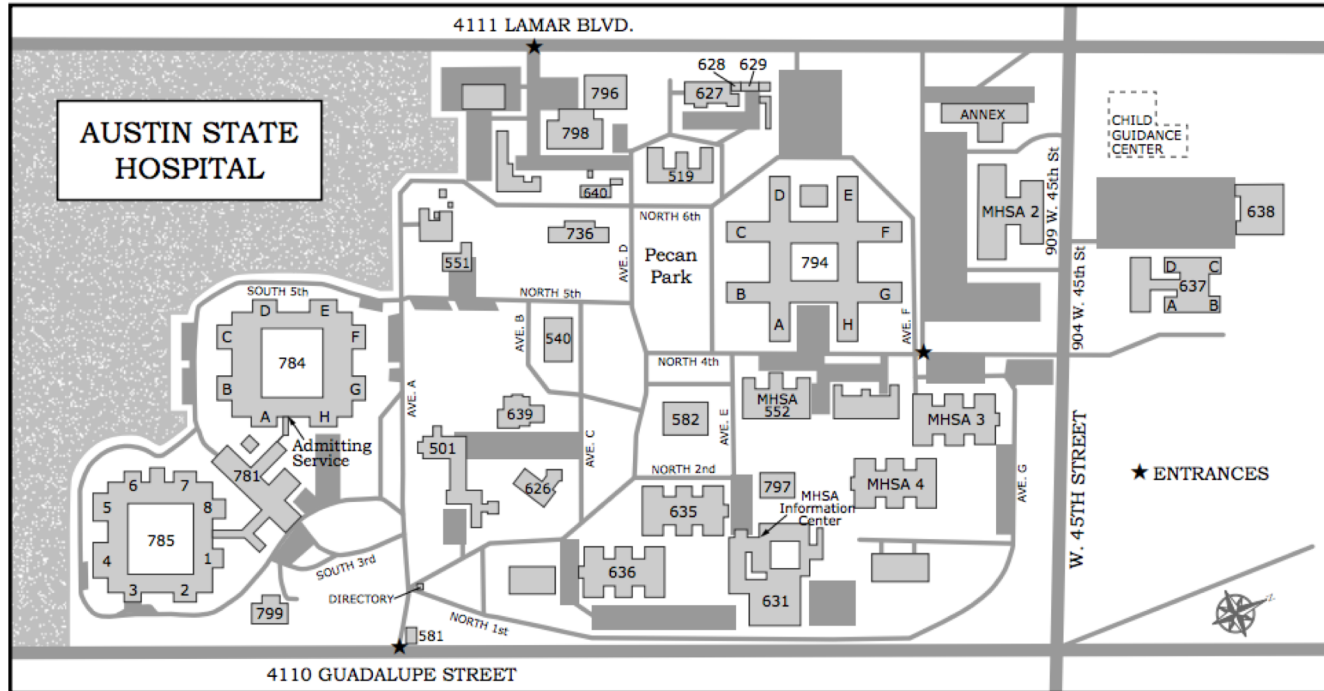


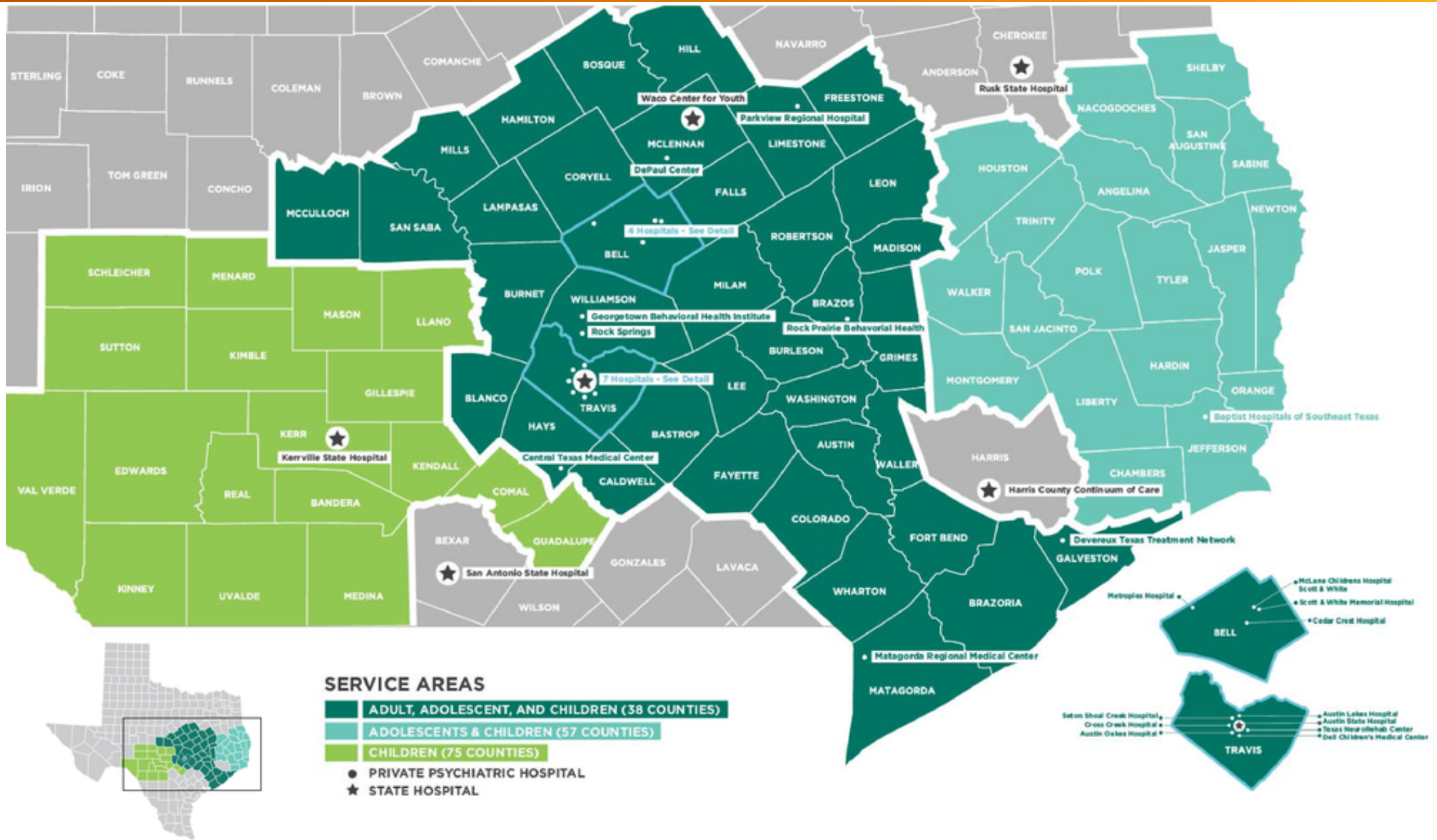
BACKGROUND:

85th Legislature Approves ASH Redesign Planning

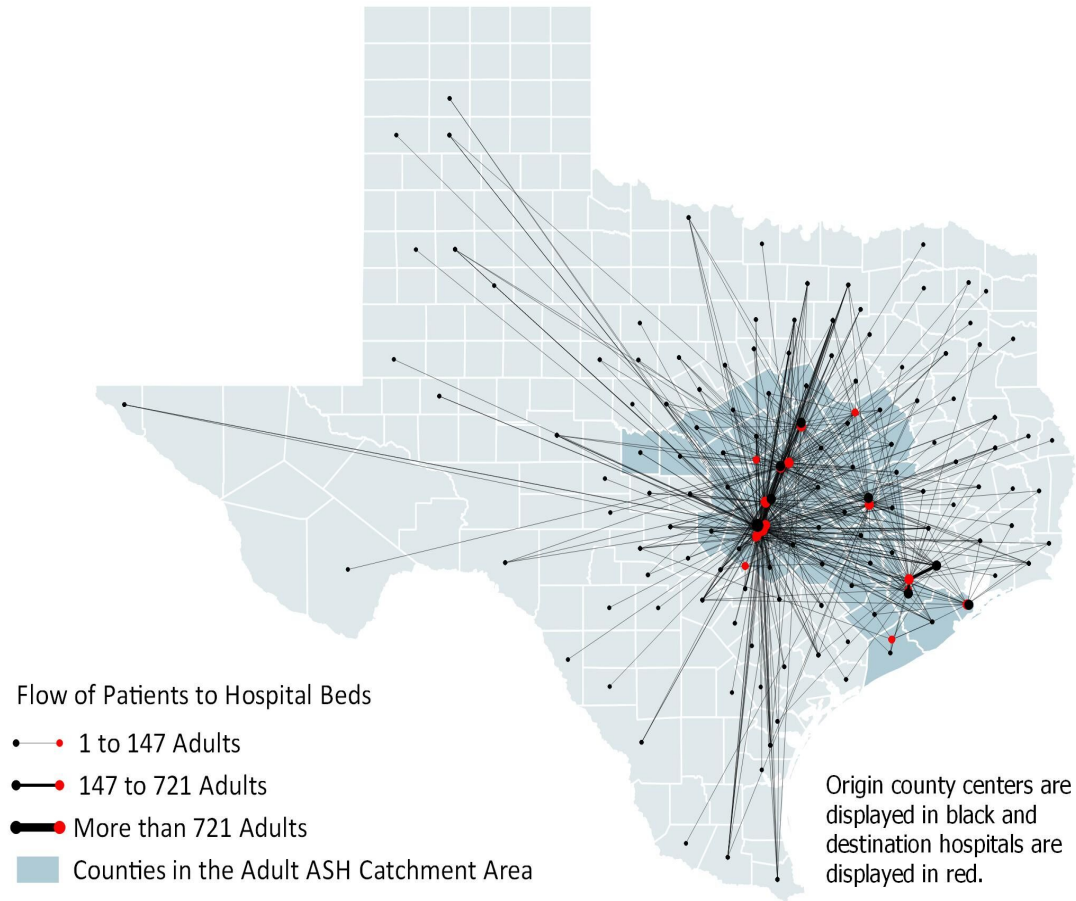


Austin State Hospital Campus





County-to-Hospital Patient Flows (Adults)



ASH Service Area = 70,094 sq. mi



OHIO = 40,860 sq. mi / roughly the same size as the ASH Adult Service Area

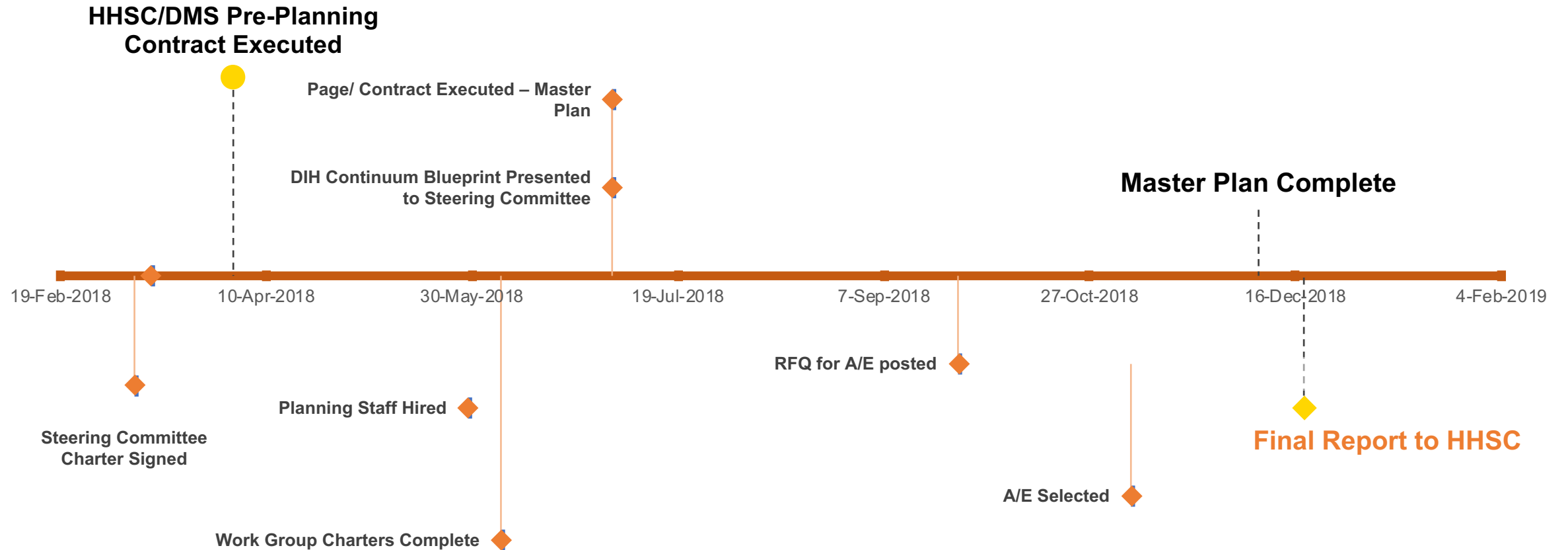
Steering Committee

- Health Institution – Dell Medical School: **Steve Strakowski, MD**
(Chair)
- Health & Human Services Commission (HHSC): **Tim Bray**
- Local Mental Health Authority (LMHA): **David Evans** (IC, Travis),
Andrea Richardson (BTCS, Williamson+)
- Healthcare District: **Mike Geeslin** (Central Health)
- UT Design Institute for Health: **Katherine Jones**
- UT System, Health Affairs: **David Lakey, MD**
- Texas Hospital Association: **Sara González**
- Texas Organization of Rural & Community Hospitals: **Scott Briner**
- Law Enforcement: **Sheriff Dennis Wilson** (Limestone)
- Peer/Family Representative: **Karen Ranus** (NAMI Austin), **Jason Johnson** (Hill Country MHDD)
- Ex Officio:* **Jim Baker MD, Sandy Guzman, Octavio Martinez MD, Lisa Owens, Martin Harris MD**

Planning Structure



ASH Redesign – Phase I (Pre-Planning)

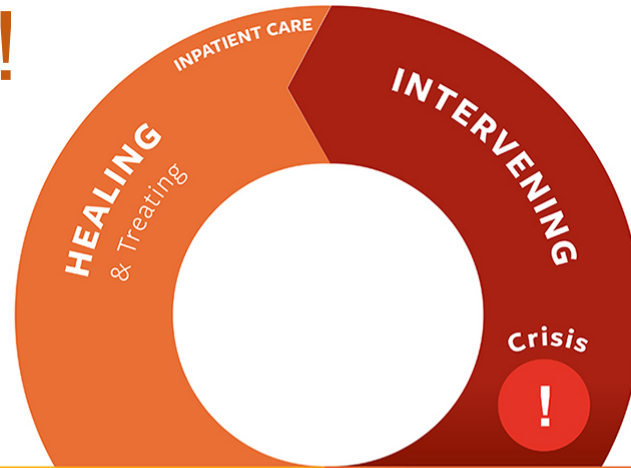


*Phase I: Mar 2018 - Dec 2018

Phase II: Oct 2018 – Nov 2020

Reimagining not just a Hospital, but a Brain Health System of Person-Centered Care

People First!



Brain Health Continuum

Brain health conditions are lived through the process of recovery, not quick fixes.



Phase 1 Report Recommendations

I. Transform the Austin State Hospital (ASH) Campus.

1. Replace the existing outmoded adult hospital with a new state-of-the-art facility.
2. Improve ASH operations.
3. Change the ASH reporting structure.
4. Initiate a brain health platform on the ASH campus and beyond.

II. Optimize the Use of Community Psychiatric Beds in the Region.

1. Expand the Community Psychiatric Bed-purchasing program (CPB).
2. Expand CPB to provide short-term competency restorations.

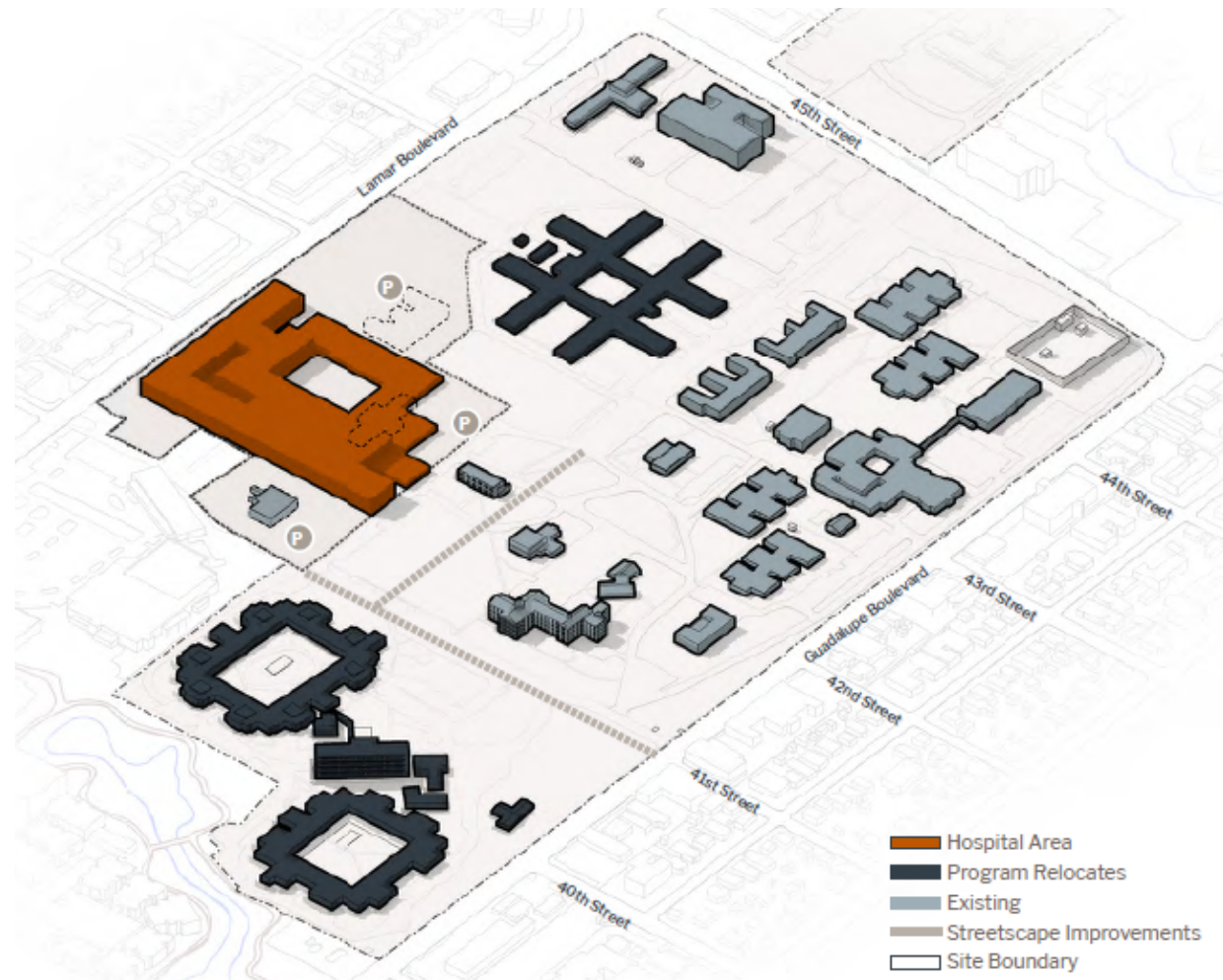
III. Redesign Competency Restoration Programs and Processes.

1. Engage the Judicial Commission on Mental Health (JCMH) to establish consistent competency standards and assessments across all courts.
2. Establish a formal 60-day inpatient competency restoration limit.
3. Create a regional competency restoration team to work across venues.

IV. Increase Residential Care and Supported Housing Capacity.

1. Foster better use of the HCBS-AMH 1915(i) State Plan Amendment program.
2. Finance expansion of evidence-based residential care and supported housing.

Recommendation #1: Transform the Austin State Hospital



New ASH

“Old Main”

Recommendation # 1 – Transform the Austin State Hospital

Recommendation #1 – ASH Options

Option A:

- Build 240 adult bed hospital
 - Cost: \$246M for 374,000 SF 2 or 3 story hospital
 - Additional \$37M to prepare 15 acre site
 - Maintains current ASH operational budget
 - Prepare for future growth with additions of 24-48 more beds, additional \$6.6M required for build out.

Option A: 240 -bed adult hospital	
Component	Cost
Hospital	\$246M
Site Preparation	\$37M
Long-stay placement team	\$0.3M
Total	\$283M
(optional) Chassis prep to add up to 48 more beds	\$6.6M

Option B:

- Build a 216 – 240 adult bed hospital plus a 48 - to 72-bed residential care unit.
 - Cost: \$234 - 246M for 374,000 SF 2 or 3 story hospital
 - Additional \$39M to prepare 15 acre site
 - Estimated \$15-45M to construct 72-bed residential facility
 - Estimated annual operating budget of \$9.8M in addition for the inpatient facility.

Option B: 216 or 240 bed adult hospital + 48 or 70 bed residential facility

Component	Cost
Hospital	\$234 - 246M
Site Preparation	\$39M
Residential Facility	\$15 - 45M
Long-stay placement team	\$0.3M
Total	\$288 - 330M

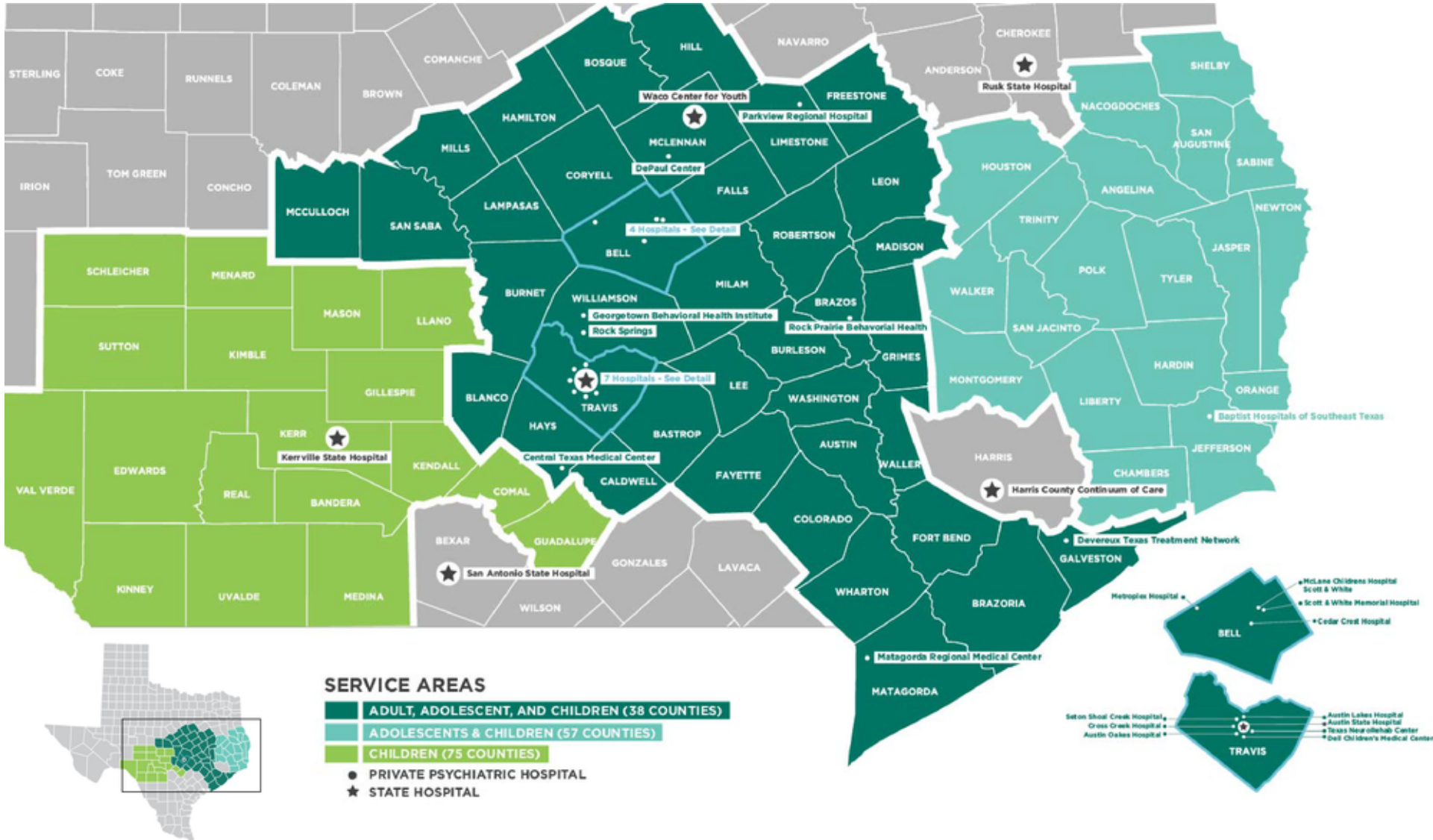
Option C:

- Build a 264 – 288 adult bed (or larger) hospital
 - Cost: \$272 – 291M for 264 bed hospital
 - Additional \$39M to prepare site
 - Increases annual operating expenses by \$4 - 6M over current \$50M annually.

Option C: 264 to 288 bed adult hospital

Component	Cost
Hospital	\$272 - 291M
Site Preparation	\$39M
Long-stay placement team	\$0.3M
Total	\$311 - 330M

Recommendation # 2 Potential Community Partnerships



Recommendation # 2

Current Available Private Beds – Adults

Nearly **1000** Private Beds in **21** Private Facilities in ASH Adult Service Area

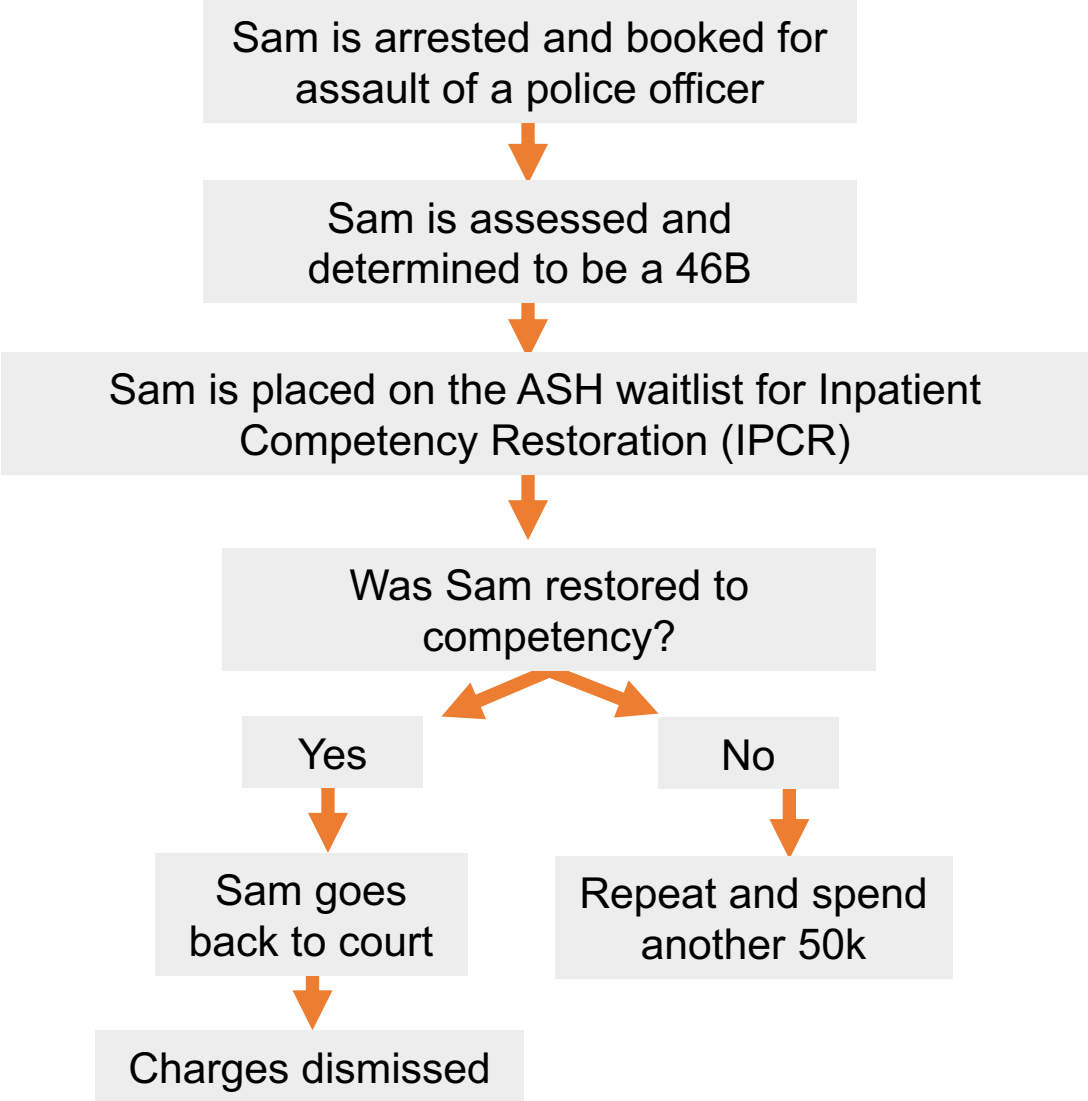
2015 Bed Count	2015 Avg. Utilization	2016 Bed Count	2016 Avg. Utilization	2018 Bed Count	2018 Avg. Utilization
612	61%	972	60%	995	69%

Recommendation #3

Redesign Competency Restoration Programs and Processes

- Engage the Judicial Commission on Mental Health (JCMH) to establish consistent competency standards and assessments across all courts.
- Establish a formal 60-day inpatient competency restoration limit.
- Create a regional competency restoration team to work across venues.

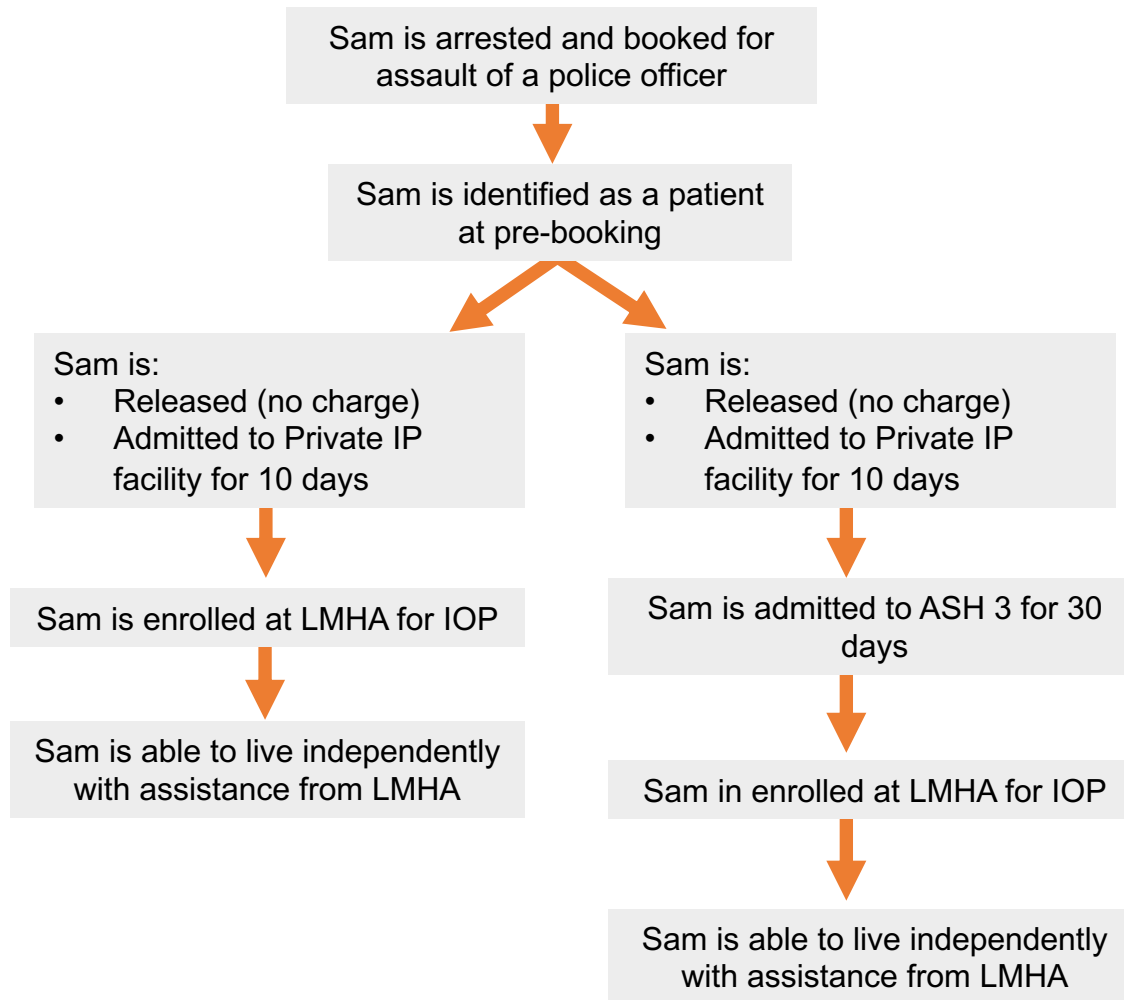
Current Path to ASH 46B (Competency Restoration)



Service	Time (Days)	Cost
Arrest & booking	1	\$145
Assessment	7	\$1,015
Assessment Results (46B)	10	\$1,450
Waitlist	102	\$14,790
IPCR	72	\$ 40,824
Reassessed	20	\$11,340
		\$69,564

**Treatment may be delayed days or weeks!*

Private Hospital Alternative Path 46B



****Treatment initiated almost immediately.***

Service	Time (Days)	Cost
Arrest	1	145
Identified as Patient	1	145
Private Hospital	10	5290
Enrolled in IOP	30	2250
		\$7,830

Service	Time (Days)	Cost
Arrest	1	145
Identified as Patient	1	145
Private Hospital	10	5290
IP – ASH	30	17010
LMHA IOP	30	2250
		\$24,840

Pathway Savings

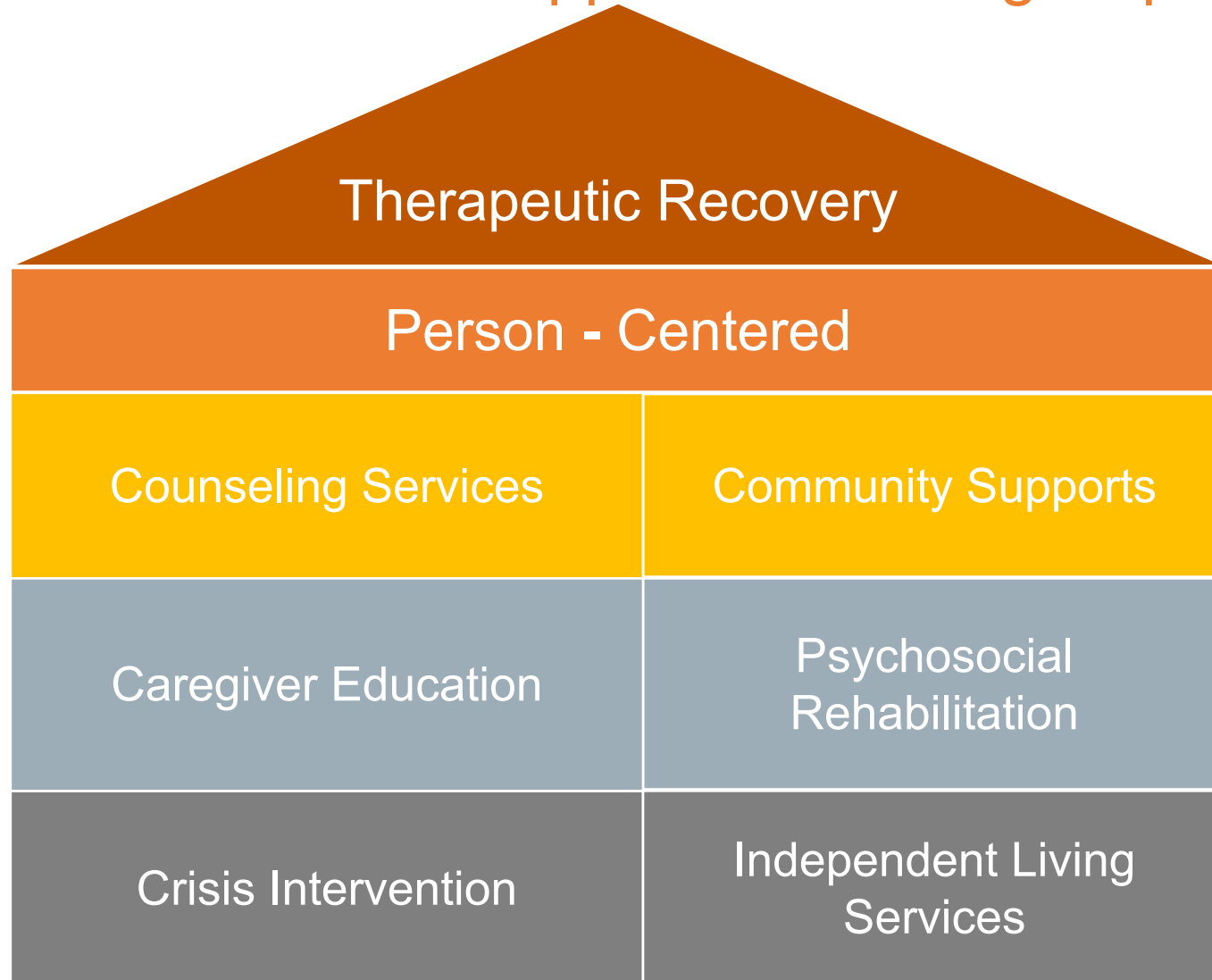
Pathway	Total Cost/Patient	Annual Cost (all Patients)	Potential Annual Savings
Current	\$69,564	\$26,851,704	-
Short stay/IOP	\$7,830	\$3,022,380	\$23,829,324
Above+ extra sub-acute	\$24,840	\$9,588,240	\$17,263,464
FACT	\$18,145	\$7,003,970	\$19,847,734
Outpatient CR/housing	\$25,403	\$9,815,980	\$17,035,724
Inpatient CR/housing	\$55,313	\$21,350,818	\$5,500,886

N.B.

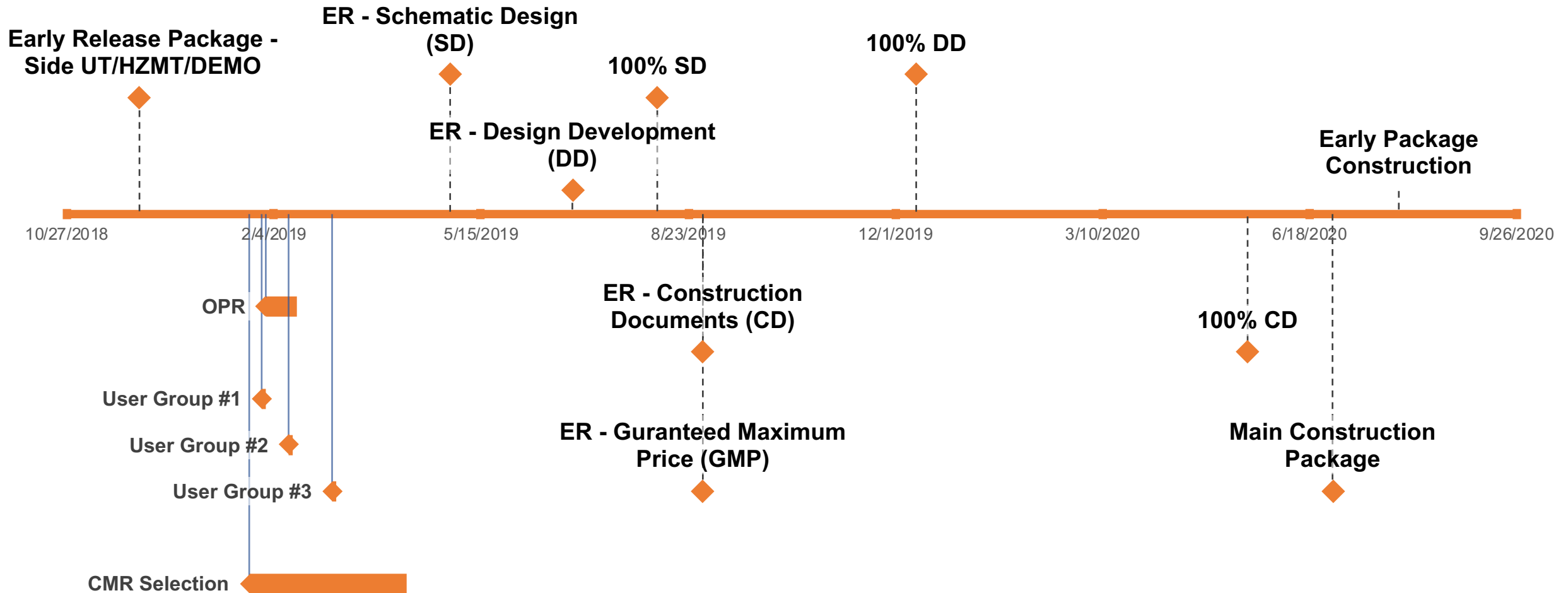
1. Most importantly, the time to treatment is **dramatically** decreased
2. Alternative pathways require additional infrastructure (\$), possible statute changes and changes in judges' SOPs to implement successfully.
3. Alternative pathways will take time (years) to implement due to needed process and cultural changes.
4. These measure do NOT eliminate need for a replacement facility on ASH, but do provide opportunities to more effectively manage treatment and population growth over time.

Recommendation #4

Increase Residential Care and Supported Housing Capacity



ASH Redesign– Phase II (Planning)



*Phase I: Mar 2018 - Dec 2018

Phase II: Oct 2018 – Nov 2020



Phase II Goals and Beyond

1. **People First:** remains the “North Star” of the ASH Redesign
2. **Construction Manager at Risk (CMR) Selection**
3. **Develop Construction documents**
4. **Initiate Main Project** – Hospital Buildings & Existing Building Renovations
5. **Find Partners** to begin building out the campus as a platform for best practices of the entire mental health continuum (Phase III+).
6. **Improve mental health in Central Texas!**

Updates

Sign up for updates at www.ASHredesign.org ,
and we'll let you know when the report is available
publicly.

THANK YOU!

